Combined Declaration For Pa	eent A	Application	n and P	ower of Attorne	y		ATTOR 81880F	NEY DO	OCKET
As below named inventor, I herely My residence, post office address and citizent I believe I am the original, first and sole in below) of the subject matter which is claimed	nship are	e as stated belo (if only one na	ame is list	ted below) or an origina		int inver	ntor (if plura	l names	are listed
IMAGING ELEMENT HAT CONVERSION	VINC	G IMPRO	VED (CRACK PROPA	AGATIO:	N DU	RING		
The specification of which (check only one	item bel	ow):		- <u></u> -	- 1-74.1				
X is attached hereto.									
was filed as United States Applica	tion Se	rial No. on a	nd						
was amended on (if applicable).									
was filed as PCT international app							•	No.	
I hereby state that I have reviewed and under referred to above.	rstand t	he contents of	the above-	identified specification,	including the	claims, a	is amended l	y any an	nendment
I acknowledge the duty to disclose to the U	.S. Pate	nt & Trademar	k Office a	ll information known to	me to be mat	erial to p	patentability	as define	d in Title
37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits und	er Title	35 United Sta	ates Code	8119 (a)-*d) or 365 (b)	of any foreig	n applica	ation(s) for r	atent or	inventor's
certificate, or (365 (a) of any PCT internation									
and have also identified below any foreign									
one country other than the United States of priority is claimed:						eioie uia	t of the appr	ication(s)	or which
PRIOR FOREIGN/PCT APPLICATION	(S) ANI	ANY PRIOF	RITY CLA	MIMS UNDER 35 U.S.	C. 119:				
COUNTRY (I PCI, indicate PCI)	API	PLICATION NUMBER		DATE OF FILING (minti/dayyear)			PRIORITY CLAIMED U	NDER 35 USC 9	NO NO
*# ** 							YES		NO
	···						YES		NO
		-							
I hereby claim the benefit under Title 35, U	nited St	ates Code, 119	\S (e) of an	ny United States provision	onal applicatio	n(s) liste	d below:		}
PRIOR PROVISIONAL APPLICATION	(S) ANI	D ANY PRIO	RITY CLA	AIMS UNDER 35 U.S.	C. §119 (e):			. • •	
PROVISIONAL APPLICATION NUM	BER				FILING DATE (mo	nth/day/year)	···		
I hereby claim the benefit under Title 35, U the United States of America that is/are list prior applications(s) in the manner provide Office all information known to me to be between the filing date of the prior applicat	ed beloved by the materia	v and, insofar a e first paragrap il to patentabil	as the subjoint of Title ity as def	ect matter of each of the 35, §112, I acknowledg ined in Title 37, Code	e claims of this se the duty to o of Federal Res	s applica disclose gulations	tion is not di to the U.S. I	sclosed i Patent &	n that/thos Trademark
PRIOR US APPLICATIONS OR PCT II 35USC§120:	NTERN	ATIONAL AF	PPLICAT	IONS DESIGNATING	THE U.S FO	R BENI	EFIT UNDE	R	
U.S. APPLICATIONS					STATUS (Check one)				
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PCT APPLICA	TIONS DE	ESIGNATING THE	U.S.	2-89					
PCT APPLICATION NO.	PCT FILII	NG DATE		U.S. SERIAL NUMBERS ASSIGNED (if any)					
								 	
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Combined Declaration For Patent Approati	on and Power of Attorney (Continued)
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ATTORNEY DOCKET 81880PAL

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company Customer No. 01333 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Se	nd Correspo	ondence to: Patent L	egal Sta	ıff	Direct Telephone Calls to: (name and telephone number)
		343 Stat	te Street		Paul A. Leipold (585) 722-5023
		Rochest	er, NY	14650-2201	FAX: (585) 477-1148
2	FULL NAME OF INVENTOR	FAMILY NAME Lai	FIRST GIVEN NAME Yeh-Hung		SECOND GIVEN NAME
0	RESIDENCE & CITIZENSHIP	Webster		STATE OR FOREIGN COUNTRY New York 14580	COUNTRY OF CITIZENSHIP Taiwan
1	BUSINESS ADORESS	BUSINESS ADDRESS Eastman Kodak Company		343 State Street, Roches	
2	FULL NAME OF INVENTOR	FAMILY NAME Sunderrajan		FIRST GIVEN NAME Suresh	SECOND GIVEN NAME
0	RESIDENCE &	Rochester		New York 14618	COUNTRY OF CITIZENSHIP India
2	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company		343 State Street, Roches	state & ZIP CODE (COUNTRY) Ster New York 14650 USA
2	FULL NAME OF	FAMILY NAME Gula		FIRST GIVEN NAME Thaddeus	SECOND GIVEN NAME S.
0	RESIDENCE & CITIZENSHIP	Rochester		STATE OR FOREIGN COUNTRY New York 14612	COUNTRY OF CITIZENSHIP USA
3	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company		343 State Street, Roches	ster STATE & ZIP CODE (COUNTRY) New York 14650 USA
2	FULL NAME OF INVENTOR	FAMILY NAME Mruk	<u> </u>	FIRST GIVEN NAME William	SECOND GIVEN NAME A.
0	# RESIDENCE &	CITY Rochester		STATE OR FOREIGN COUNTRY New York 14624	COUNTRY OF CITIZENSHIP USA
4	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company		343 State Street, Roches	STATE & ZIP CODE (COUNTRY)
2	FULL NAME OF INVENTOR	FAMILY NAME Dontula		FIRST GIVEN NAME Narasimharao	SECOND GIVEN NAME
0	RESIDENCE & CITIZENSHIP	Rochester	.	STATE OR FOREIGN COUNTRY New York 14623	COUNTRY OF CITIZENSHIP India
5	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company		343 State Street, Roches	state & ZIP CODE (COUNTRY) Ster New York 14650 USA
2	FULL NAME OF INVENTOR	FAMILY NAME Smith		FIRST GIVEN NAME Gary	SECOND GIVEN NAME D.
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY New York 14626	COUNTRY OF CITIZENSHIP USA
6	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company	,	343 State Street, Roches	state & ZIP CODE (COUNTRY) ster New York 14650 USA
tru im	ie; and furthe	that all statements made herein or that these statements were made	f my own k le with the	knowledge that willful false s	statements made on information and belief are believed to statements and the like so made are punishable by fine copardize the validity of the application or any patent issues.
SI	SNATURE OF IN	IVENTOR 201	SIGNATUR	E OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE		DATE		DATE	
SIGNATURE OF INVENTOR 204		SIGNATUR	E OF INVENTOR 205	SIGNATURE OF INVENTOR 206	
D/	DATE		DATE	<u> </u>	DATE

ombined (Declaration For Patent App	ication and Po)	ATTORNEY DOCKE 81880PAL	
FULL NAME OF	FAMILY NAME Rao		FIRST GIVEN NAME YuanQiao	SECOND	GIVEN NAME	
RESIDENCE &	OIT/		STATE OR FOREIGN COUNTRY	COUNTR	Y OF CITIZENSHIP	
CITIZENSHIP	Rochester		New York 14623		P.R. China	
BUSINESS ADDRESS			343 State Street, Roches		ZIP CODE (COUNTRY)	
	CANAD STANAS	Eastman Kodak Company			New York 14650 USA SECOND GIVEN NAME	
FULL NAME OF		FAMILY NAME				
RESIDENCE &		CITY		COUNTR	Y OF CITIZENSHIP	
BUSINESS ADDRESS	BUSINESS ADDRESS	BUSINESS ADDRESS		STATE &	STATE & ZIP CODE (COUNTRY)	
FULL NAME OF	FAMILY NAME	FAMILY NAME		SECOND	GIVEN NAME	
RESIDENCE &	CITY	CITY		COUNTR	COUNTRY OF CITIZENSHIP	
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RESIDENCE (CITY	CITY		COUNTR	COUNTRY OF CITIZENSHIP	
BUSINESS ADORESS	BUSINESS ADDRESS	BUSINESS ADDRESS		STATE &	STATE & ZIP CODE (COUNTRY)	
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